

**P****TYPE OR
PRINT
CLEARLY****MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK**

CITY: GRANBY MA DATE: _____ PERMIT #: _____

JOB SITE ADDRESS: _____ OWNER'S NAME: _____

OWNER ADDRESS: _____ TEL: _____ FAX: _____

OCCUPANCY TYPE: COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW ☐ RENOVATION ☐ REPLACEMENT ☐ PLANS SUBMITTED: YES ☐ NO ☐

FIXTURES FLOOR	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB															
CROSS CONNECTION DEVICE															
DEDICATED SPECIAL WASTE SYS															
DEDICATED GAS/OIL/SAND SYS															
DEDICATED GREASE SYS															
DEDICATED GRAY WATER SYS															
DEDICATED WATER RECYCLE SYS															
DRINKING FOUNTAIN															
DISHWASHER															
FOOD DISPOSER															
FLOOR/AREA DRAIN															
INTERCEPTOR (INTERIOR)															
KITCHEN SINK															
LAVATORY															
ROOF DRAIN															
SHOWER STALL															
SERVICE/MOP SINK															
TOILET															
URINAL															
WASHING MACHINE CONNECTION															
WATER HEATER ALL TYPES															
WATER PIPING															
OTHER															

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES ☐ NO ☐

If you have checked YES, please indicate the type of coverage by checking the appropriate box below.

LIABILITY INSURANCE POLICY ☐ OTHER TYPE INDEMNITY ☐ BOND ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee **does not have** the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application **waives** this requirement.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

SIGNATURE OF OWNER OR AGENT _____

I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME: _____ SIGNATURE: _____

LIC #: _____ MP ☐ JP ☐ CORPORATION ☐ PARTNERSHIP ☐ LLC ☐

COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

TEL: _____ CELL: _____ EMAIL: _____

